

CD-CREP State Producer Request/Contract

Application Information

Name: _____ Application I.D: _____ - _____ - _____

Address: _____ Phone #: _____

City/State: _____ Farm #: _____

Zip Code: _____ Tract #: _____

Location: County _____ 14 Digit Watershed: _____

Topographic Quad Name: _____

GPS Coordinates (Lat/Long) _____

Practice(s) Requested:

State Practice	Practice Symbol	Practice Name	Cost Share Amount ¹	Incentive Amount	
			25%	25% ²	75% ³
KCREP1	CP1	Introduced Grass/Legumes			
	CP2	Native Grass/Legumes/Forbs			
	CP3	Tree Planting			
	CP3A	Hardwood Tree Planting			
KCREP2	CP8A	Grassed Waterway			
	CP15A	Contour Grass Strip			
	CP21	Filter Strip			
	CP22	Riparian Buffer			
Subtotal					

¹ Cost share is based on 25% of the total cost for all practices listed.

² Incentive payments of 25% of the total cost for non-easement practices.

³ Incentive payments of 75% apply to land entered into a permanent easement.

Note: All state cost share payments and incentives listed above will be based on payments computed by the Farm Service Agency.

Practices listed on the front page of this document are needed and practical to solve the problem identified and can be installed according to NRCS conservation practice standards and specifications. _____ Yes _____ No

Any technical conservation components to these practices have been installed and meet the technical requirements of NRCS. _____ Yes _____ No _____ N/A

FSA forms AD245 and AD862 have been completed and received by the CD, indicating that self certification of practices has occurred, and federal cost share payments have been made. _____ Yes _____ No

Practice Installed: _____

Signature: _____

NRCS Representative

Funding Approval Information

State Practice Code (KCREP): _____

Funds Requested: \$ _____ Funds Approved: \$ _____

Practice Installation Deadline: _____ - _____ - _____

Cost share funds shall be returned to the Division of Conservation if practice is not installed by this date.

Signature: _____

Kentucky Division of Conservation

Easement Certification

Easement Length: _____ Permanent _____ Date Recorded: _____

Signature: _____ Date: _____

TNC Representative

Installation Information

Payment Number: _____ of _____

Total Installation Cost:\$ _____ Cost Share Payment:\$ _____

Check #: _____ Incentive Payment:\$ _____

Excess Cost Share Funds:\$ _____

Social Security # of person receiving cost share funds: _____ - _____ - _____

Following a review of technical certification and cost share payments made by FSA on the attached AD245 furnished to the District, this practice has been performed to the extent required by the policy set forth in the Administrative Regulations established for the Kentucky Soil Erosion & Water Quality Cost Share Program and is approved for the cost share and/or incentive payments as shown in this document.

C.D. Payment Approval: _____ **Date** _____**Chairman, Conservation District****Certification and Maintenance**

Did you bear all of the expenses (except for program cost-sharing) of performing this practice? _____ Yes _____ No

If no, report name and address of the other person(s) or agency who bore any part of the expenses. Also show kind, extent of, and value of their contribution.

I agree to refund all or part of the cost share assistance/incentives paid to me, as determined by the local conservation district, if before the expiration of the CREP contract, I (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of the CREP contract period.

I certify that the above information is true and correct. I further certify that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the Conservation District has determined that the practice has been performed. I agree to maintain this practice for the length of the CREP contract.

Signature of Applicant: _____ **Date:** _____